

Carolina ACCESS
Provider Satisfaction Survey
Results and Analysis
2002

I. BACKGROUND

In March through May of 2002, the Program Operations Staff of the Managed Care Section conducted a Carolina ACCESS Primary Care Provider Satisfaction Survey. The purpose of the survey was twofold: To measure provider satisfaction to submit with the Managed Care waiver renewal and to strengthen the program by identifying potential educational opportunities. A copy of the survey is attached.

II. METHODOLOGY

Out of a total population of 1647 CA providers, 317 were selected by a stratified random sample. 284 responded to the survey. This represents 17% of the enrolled CA providers.

The six regional Managed Care Consultants administered the survey. It was designed to measure five areas of satisfaction:

- Overall Satisfaction with Carolina ACCESS
- Satisfaction with the Referral Process
- Satisfaction with Billing/Claims
- Satisfaction with Administrative Support and Education
- Satisfaction with Recipient Education

For each measure the consultant asked the provider a series of questions designed to illicit feedback. The provider was asked to measure his satisfaction based on his responses. Providers who reported that they were only somewhat satisfied or not satisfied were asked what would make them more satisfied. Program Operation staff will review provider comments and suggestions for improvement and devise a plan to address issues.

III. DATA COLLECTION

Prior to the survey, providers were notified via Medicaid Bulletin articles the goals and expectations of the survey. In addition, the consultants called each provider to schedule a time to complete the survey. After establishing an appointment, the consultants administered the survey by telephone or office visit. This maximized the response rate and enabled direct provider/consultant interaction.

IV. RESULTS

- OVERALL SATISFACTION WITH CAROLINA ACCESS**

Total Providers	Total Very Satisfied	Total Satisfied	Total Somewhat Satisfied	Total Not Satisfied
284	22%	68%	9%	1%

The results confirm the Carolina ACCESS program is meeting its goal of ensuring provider satisfaction. The results indicate that 90% of the providers reported that they were either very satisfied or satisfied with Carolina ACCESS. This is an increase from the 1999 survey of 76.6%. Only 10% of the providers reported that they were somewhat satisfied or not satisfied. This is decrease from the 1999 survey of 20%.

Providers were asked to rate their overall satisfaction based on improved access to care, enrollment numbers, management fee, exempt services and one month lock-in.

- SATISFACTION WITH THE REFERRAL PROCESS**

Total Providers	Total Very Satisfied	Total Satisfied	Total Somewhat Satisfied	Total Not Satisfied
284	35%	56%	8%	1%

The referral process is a major responsibility of the PCPs. The PCP is required to assure each enrollee access to necessary health care by authorizing referrals for specialty care.

The results indicate that 91% of the providers are either very satisfied or satisfied with the referral process.

Providers were asked to rate their satisfaction with the referral process based on easiness to understand and use, effectiveness in preventing duplicate services, accountability, and the referral report.

- **SATISFACTION WITH BILLING/CLAIMS**

Total Providers	Total Very Satisfied	Total Satisfied	Total Somewhat Satisfied	Total Not Satisfied
284	22%	64%	11%	3%

Claims payment is a very important issue to providers. The results indicate that 88% of the providers are either very satisfied or satisfied with billing and claims.

Providers were asked to rate their satisfaction with claims based on support of fiscal agent, regional consultants, technical assistance, workshops, and Automated Voice Response (AVR) system.

- **RECIPIENT EDUCATION**

Total Providers	Total Very Satisfied	Total Satisfied	Total Somewhat Satisfied	Total Not Satisfied
284	14%	62%	18%	6%

Recipient education is the joint responsibility of the provider and the county department of social services. The results indicate that 76% of the providers are either very satisfied or satisfied with recipient education. 24% are not satisfied or only somewhat satisfied. Provider satisfaction is often linked with how well their enrollees understand CA. These results indicate CA enrollees would benefit from additional education about CA.

Areas identified for additional education are personal responsibility, recipient enrollment, gatekeeper concept, inappropriate ER use, and getting established.

- **ADMINISTRATIVE SUPPORT**

Total Providers	Total Very Satisfied	Total Satisfied	Total Somewhat Satisfied	Total Not Satisfied
284	26%	66%	7%	1%

The results indicate that 92% of the providers are either very satisfied or satisfied with administrative support. The regional consultants are a valuable resource and serve as a direct link between the Administration of CA and the providers.

Providers were asked to rate their satisfaction with administrative support based on State staff, regional consultants, Health Check Coordinators, Medicaid Bulletins, Primary Care Provider Manual, and the Enrollment, Referral, and ER Management report.

V. DISCUSSION

The state is divided into six geographical regions. Each region is assigned a Managed Care Consultant to assist providers in all areas. The survey includes statewide and regional results.

The results of the survey and the provider comments and suggestions to improve satisfaction will be used to help identify strengths and possible areas for improvement within the CA program. A report will be prepared for each consultant listing every provider in their region who was not satisfied or somewhat satisfied in any area. The consultants will work with their providers on an individual basis. The Managed Care Section will identify overall strategies and policy.